



# ALLIANCE HOCKEY

## Declaration of Right of Choice Form

Pursuant to Regulation 12.2 page 125 of the ALLIANCE Hockey Manual of Operations concerning Right of Choice, we, the undersigned, confirm the provisions of Regulation 12.2 have been explained to the player named and his/her parent or Guardian:

|                          |  |
|--------------------------|--|
| Registering Association: |  |
|--------------------------|--|

|            |           |
|------------|-----------|
| President: |           |
| Print Name | Signature |

|                                |           |
|--------------------------------|-----------|
| Representative Council Member: |           |
| Print Name                     | Signature |

We, the undersigned, confirm the provisions of Regulation 12.2 have been explained to us:

|                       |           |
|-----------------------|-----------|
| Player:               |           |
| Print Name            | Signature |
| Birth Date of Player: |           |
| Month:                | Day:      |
| Year:                 |           |
| Address of Player:    |           |
| Parent / Guardian:    |           |
| Print Name            | Signature |

Dated at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

A copy of this document should be retained by the registering Association.

A copy of this document is to be forwarded to the ALLIANCE Hockey Registrar for input into the Hockey Canada Database.

**Privacy Statement:** The information requested on this form is required by ALLIANCE Hockey and the Ontario Hockey Federation (OHF), and their respective executives, employees, coaches, trainers, referees and volunteers, for registration purposes and to administer the rules and regulations of ALLIANCE Hockey, and to provide notification of any upcoming events or other activities. In order to do so, ALLIANCE Hockey, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.

